ISSN: 2322 - 0902 (P)
ISSN: 2322 - 0910 (O)

International Journal of Ayurveda and Pharma Research

Case Study

CONSERVATIVE MANAGEMENT OF *DUSHTA VRANA* (CHRONIC ULCER) THROUGH AYURVEDA: A CASE STUDY

Rashmi Tokas Rana[1]*, Gouri Chauhan[2], Raja Ram Mahto[3]

*[1]PG Scholar, [3]Assistant Professor, Department of Kayachikitsa, AIIA, New Delhi, India.

[2]Lecturer & Consultant, Department of Kayachikitsa, G.S. Ayurveda Medical College and Hospital, Hapur, U.P.

Article info

Article History:

Received: 10-03-2022

Revised: 14-04-2022

Accepted: 18-05-2022

KEYWORDS:

Taila, Vrana Ropana, Wound healing.

ABSTRACT

Non-healing ulcers or *Dushtavrana* possess a great challenge to the doctors, as it is a very common problem presented by the patients. It is not only that the patient feels the pain and discomfort but the others who look at the patient, they also feel a lot of discomfort. It creates a very embarrassing situation for the patient in his day to day life. After trying for all the therapies eventually patient looks forward to Ayurvedic system of medicine with a very little ray of hope that here his ulcer may be healed. Fortunately only with the help of Ayurvedic medicines and without any sort of surgical intervention the patient get healed. This article presents the conservative management of non-healing ulcers or *Dushtavrana* which proved to be a miracle for the patients.

INTRODUCTION

A discontinuity of the surface epithelium or molecular death of the surface epithelium is known as ulcer.[1] Chronic ulcers or non-healing ulcers are defined as spontaneous or traumatic lesions, typically in lower extremities that are unresponsive to initial therapy or that persist despite appropriate care and do not proceed towards healing in a defined time period with an underlying etiology that may be related to systemic disease or local disorders[2,3] non-healing ulcers are inevitable and detrimental to the lower limb and are a major cause of non-traumatic lower limb amputations. These ulcers worsen the quality of life of the patients as they become chronic. They also possess a great financial burden on the patients.

Epidemiology

Chronic non-healing ulcer is a major health problem and is estimated to affect approximately 2–6 million people in the United States alone,[3,4] while its prevalence in the world ranges from 1.9 to 13.1%.[5,6]

Access this article online

Quick Response Code

https://doi.org/10.47070/ijapr.v10i5.2282

A study from one center in India suggests leprosy (40%), diabetes (23%), venous disease (11%) and trauma (13%) causes of lower limb extremity wounds.[7]

Dushtavrana

After the complete healing of the wound the scar never disappears and its imprint persists lifelong, it is called as *Vrana*.[8]

As the symptoms are high in intensity which is almost opposite in comparison to *Shuddha Vrana* is *Dushta Vrana.* In this context we can understand it as a non-healing or chronic wound.[9]

Acharya Sushruta has explained the characteristic features of *Dushtavrana* in detail.[10]

The one with bad smell, abnormal color, with profuse discharge, intense pain and which takes very long duration to heal or which is difficult to heal is called as *Dushtavrana*.

Specific characteristics: These are some specific features described for the explanation of *Dushta Vrana*: *Atisamvritta* (narrow mouthed), *Vivritta* (wide mouthed), *Kathina* (hard), *Avasanna* (depressed), *Ushna* (too hot to touch), *Daha* (burning sensation), *Paka* (suppuration), *Raga* (colour may be dark red), *Puyasrava* (putrid and sloughing flesh accompanied with pus discharge), *Manojnadarshana* (with ugly sight), *Kandu* (wound with intense itching), *Shopha* (swelling), *Pidaka* (with boils) *Mridu* (soft), *Bhairava* (a wound having cadaverous look), *Putimansasirasnayu* (vulnerable appearance with network of blood vessels

and ligaments). The *Vranas* does not heal for the longer duration.[9,11-13]

Acharya Charaka classified *Dushta vrana* on the basis of clinical features into 12 categories[14]. Acharya Sushruta classified *Dushta vrana* on the basis of involvement of *Doshas*. On the basis of severity of *Doshas*, *Dushta vrana* is divided into six types 15– *Vataja, Pittaja, Kaphaja, Raktaja, Sannipataja*, and *Agantuja*.[15] According to *Bhela Samhita*, there are twelve blemishes of the wounds; with six types of examinations and thirty six kinds of procedures for treatment for the purposes of surgical treatment.[16]

Case Study

A patient with 70 years of age visited the Kayachikitsa OPD of AIIA on 27/10/2014 with the complaints of non healing painful ulcer in the right foot with swelling and discoloration from last two months. The patient was a known chain smoker and was a shopkeeper with the occupation with sitting and standing kind of job. He was non diabetic with normal lipid profile.

Past History

He was known asthmatic from last two years, because of his smoking habit. The patient was on inhaler (rotahaler) since two years. He had varicose vein of leg from last 1.5 years. The patient was undergoing treatment in Govt. Hospital, New Delhi, for the venous ulcer of right foot due to right saphenofemoral junction incompetence, and was referred to surgery OPD on 29/09/14 from skin OPD. The patient was not ready for surgical intervention. So he came to AIIA for further management. The pus culture from the ulcer was negative for any pathogenic organism.

Examination

On examination, it was observed that the right foot was swelled, with veins of the ulcer site and right foot were dilated tortuous and the bilateral legs had a bluish hue appearance. The venous doppler of the right leg revealed incompetence of the saphenofemoral junction, dilated great saphenous vein, incompetent perforation but there was no DVT.

He visited AIIA on 27/10/14 and registered in the OPD with OPD number 38369 in the Kayachikitsa Department.

The patient was found non diabetic with normal blood sugar and lipid profile.

Dashvidhapariksha

Prakriti	*Vata Kaphaj*
Vikrati	*Prakriti Sam Samvet*
Sara	*Mansa Sara*
Samhanna	*Madhyam*
Pramana	*Madhyam*
Satmya	*Madhyam*
Satwa	*Madhyam*
Ahara	*Madhyam*
Vyayam	*Madhyam*
Vayam	*Yuvavastha*

Ashtavidhapariksha

Nadi	*Vata Kaphaj*
Mutra	*Normal*
Mala	*Aama*
Jihwa	*sama,coated*
Shabda	Normal
Sparsha	Normal
Drik	Normal
Akriti	Normal

Treatment

The following treatment was given:

First Week

- *Brihatmanjishthadi kwatha* 40ml BD
- *Dashmool ghan vati* 2 BD
- *Panchatiktaghrita guggulu* 2 BD

Second Week

- All above 3+continued for six months
- *Gandhak rasayan* 2 tds

Third Week added

- *Panchvalkal kwath* for *Prakshalan*
- *Jatyadi taila* for local application

4th visit

- *Kankasava* 3 tsf bd
- *Tribhuvanakirti rasa* 1 tid

One week only (for complaint of fever and breathlessness)

- Tab. breathe free 2 bd

The wound was cleaned with the decoction of *Panchvalkal kwath* and after cleaning the external application of *Jatyadi taila* was done twice on the daily basis at home.

OBSERVATIONS

The patient started to recover within 15 days of the treatment with the noticeable reduction in the size of the ulcer. The pain also gradually reduced.

The patient was advised for foot elevation in the night and during long sitting. Increase leg movements and calf muscle exercise to increase the blood supply and to facilitate the movement of the blood was advised to the patient.

Compression stockings were advised when the wound was healed completely.

The decoction of the herbs was freshly prepared on daily basis and cleaning of the wound was done regularly. The wound started healing within two weeks and the photographs were taken at regular intervals. There were regular follow up visits of the patient and he was completely healed in the fifteen visits to the hospital. It took eight months for complete healing of the venous ulcer. *Manjishthadi kwath* was continued for next four months and then dose was tapered down slowly and ultimately stopped.

After one year of the treatment the patient came to the hospital with normal healed leg. There was no pain and swelling in the leg. Only there was a discolored appearance of the right foot.

The patient was advised to reduce smoking, increase leg movements. Use compression stockings and massage the legs from down upwards directions as to reduce the pooling of the blood in lower limb and increase blood supply towards upper part of the leg. This helped the patient for a proper blood supply and avoids the stagnation of the blood in the lower leg, thus avoiding the formation of venous ulcers.

Assessment

Symptom Rating Scale

- 0- No sign & symptoms
- 1- Mild sign & symptoms
- 2- Moderate sign & symptoms
- 3- Severe sign & symptoms

Assessment of Size

- 0 - No discontinuity of skin/mucous membrane
- 1 - 1/4 of previous area & depth of the wound.
- 2 - 1/2 of previous area & depth of the wound.
- 3 - 1/2 of previous area & depth of the wound.

Assessment of Pain

- 0 - No pain
- 1 - Localized feeling of pain during movement only but no feeling during rest
- 2 - Localized feeling of pain even during rest but not disturbing the sleep
- 3 - Localized continuous feeling of pain, radiating & not relieved by rest

Assessment of Tenderness

- 0 - Tolerance to pressure
- 1 - Little response on sudden pressure
- 2 - Wincing effect on super slight touch
- 3 - Resists to touch and rigidity

Assessment of Margin and Surface

- 0 – Adheres margin,
- 1 - Smooth, even and regular
- 2 - Rough, regular and inflamed
- 3 - Rough, irregular and angry look

Assessment of Base/Floor

- 0 - Smooth, regular and with healthy granulation tissue
- 1 - Smooth, irregular, slight discharge, less granulation tissue, needs dressing and soft scar
- 2 - Rough, regular wet with more discharge, needs dressing and having firm scar
- 3 - Rough, irregular with profuse discharge, needs frequent dressing and having hard scars

Assessment of Swelling

- 0 - Absent
- 1 - Slight red, tender and hot with painful movement and without indurations
- 2 - More red, having painful movement, with more local temperature and with indurations
- 3 - Angry look, hot, resist to touch & with more indurations

Assessment of Discharge

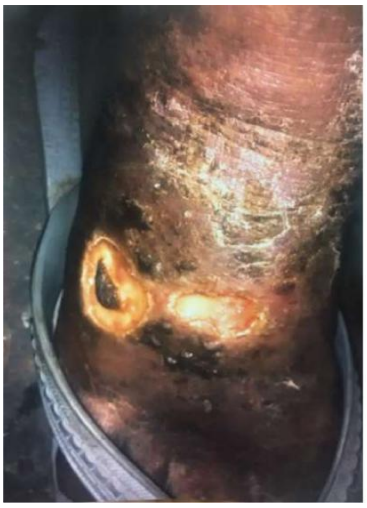
- 0 - No discharge/dry dressing
- 1 - Scanty occasional discharge & little wet on dressing
- 2 - Often discharge & with blood on dressing
- 3 - Profuse, continuous discharge which needs frequent dressing

Assessment of unhealthy Granulation Tissue

- 0 - Healthy granulation tissue
- 1 - Smooth less & irregular granulation base covered with slight discharge
- 2 - Little unhealthier granulation tissue & discharge which needs dressing
- 3 - Rich unhealthy granulation tissue with profuse discharge & needs frequent dressing

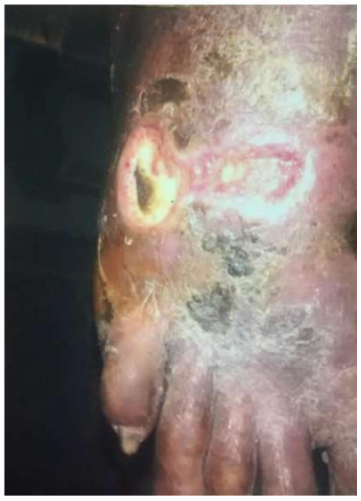
RESULT

Symptoms	Before treatment	After treatment
Pain	4	0
Size	4	0
Swelling	4	0
Tenderness	4	0
Margin and surface	4	0
Unhealthy mgranulation tissue	4	0
Base/ floor	4	0

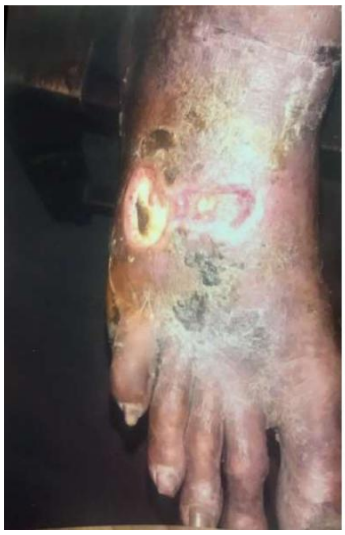


On the first visit

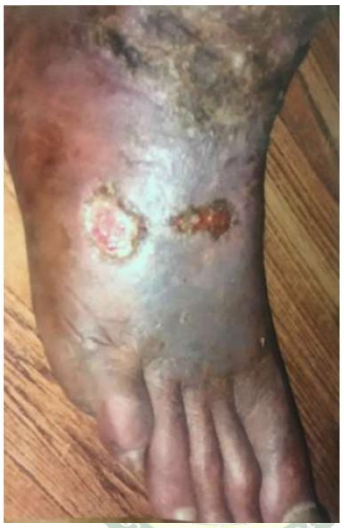
After 15 days



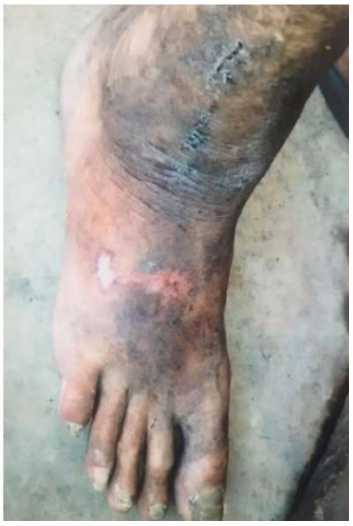
After 1 month



After 2 months



After 3 months



After 6 months of treatment

DISCUSSION

When a patient does not get relief from the other systems of medicine, he come to Ayurvedic hospital with a hope that he may get some relief from this system of medicine. And if such SSS patients get relief from their ailments, that too without surgery it is a great achievement for both the patients and the doctors. The mechanism of action of the drug is also as important as the pathology of the disease. It is seen that chronic ulcer take long time to get completely cured. This patient was given local as well as systemic treatment. In local treatment *Panchavalkal kwath* was given to clean the ulcer. That has property of wound cleaning and reducing secretion. *Jatyadi tail* was used for local application on the ulcer site. This tail is potent wound healer. In systemic medication, *Panchatikta ghrita guggulu* reduces the inflammation of the ulcer site and related area. *Dashamoola ghan vati* reduce the swelling around the ulcer and foot and ultimately the pain due to anti inflammatory/ *Shothagna* properties of *Dashmool*. *Jatyadi taila* along with its soothing and healing property healed the lesion well. *Brihat manjisthadi kwath* was used to for reducing *Kleda* or slimy secretion inside the vessels and thus reduced the obstruction of blood supply and the astringent action of *Panchvalkal*, *Brihat-manjishthadi* helped in healing of the ulcer. *Gandhak rasayan* was used to purify blood and combat infection. Thus a holistic approach of treatment cured the patient completely with conservative treatment in a period of eight months.

Initially the wound was very deep, rough irregular and had angry look with localized continuous feeling of pain, (radiating and not relieved by rest) along with tenderness which resists to touch and rigidity and was filled with profuse continuous discharge which needs frequent dressing and unhealthy granulation tissue. Gradually, there was improvement after treating with the Ayurvedic medicines. Ultimately there was no discontinuity of the skin and mucous membrane with adhere margins; smooth regular and healthy granulation tissue, no pain, no swelling, no discharge and no tenderness.

Setting a standardized treatment for a particular disease is very important to get fruitful result. This can help Ayurveda to bloom as a beautiful

flower from a little bud and thus climbing a step towards success of Ayurvedic treatment and then ultimately can be recognized as the main system of medicine instead of alternative system.

CONCLUSION

This is the case study of just a single patient. It can be carried out for large number of patients after the thorough examination. It can help to reduce the level of discomfort and the fright of undergoing surgical intervention among such patients. The selection of medicines plays an important role in this along with the proper compliance and faith of the patients. As in Ayurveda it is rightly said that *Manahcheti samavayi*. So it is always the conscious of the patient, soul of the patient which is directly affected by the skin and its condition.

REFERENCES

1. Sarabahi S, Tiwari VK. (Ed.), (1st Ed.). Principal and practice of Wound Care, Section 1 History and Healing; Evolution of Wound Care: Chapter 1. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd 2010; 9(1)
2. Sebastian KMS, Lobato I, Hernandez I, et al. Efficacy and safety of autologous platelet rich plasma for the treatment of vascular ulcers in primary care: phase III study. BMC Fam Pract. 2014; 15: 211. doi: 10.1186/ s12875-014-0211-8.
3. Greer N, Foman N, Dorrian J, et al. Advanced wound care therapies for non-healing diabetic, venous, and arterial ulcers: a systematic review. 2012.
4. Frykberg RG, Banks J. Challenges in the treatment of chronic wounds. Adv Wound Care. 2015; 4(9): 560–82. doi: 10.1089/wound.2015.0635.
5. Rayner R, Carville K, Keaton J, et al. Leg ulcers: atypical presentations and associated co-morbidities. Wound Pract Res. 2009; 17(4): 168–85.
6. Agale SV. Chronic leg ulcers: epidemiology, aetiopathogenesis, and management. Ulcers. 2013; Article ID 413604: 9.
7. Dr Priti Yadav, Dr Devesh Shukla. management of non healing ulcer with leech therapy- a case study: journal of all India Ayurvedic Specialists PG Association, Vol.XXX
8. Sharma PV. (Ed.), (1st Ed.). Susruta Samhita with English translation of text and Dalhana commentary, Vol. II, Chikitsasthan, Dwivraniya Adhyaya: Chapter 21, verse 40. Varanasi: Chaukhaba Visvabharati, Oriental Publishers And Distributors 2000; 239
9. Sharma RK, Dash B. (Ed.) (1st Edition), Charak Samhita of Agnivesha. Vol. IV, Chiktsasthana; Adhyaya, Chapter 25, verse 24-25. Varanasi: Choukamba Sanskrit Series Office 2016; 441.
10. Sharma PV. (Ed.), (1st Ed.). Susruta Samhita with English translation of text and Dalhana commentary, Vol. II, Chikitsasthan, Krutyakrutavidhi Adhyaya: Chapter 23, verse 7. Varanasi: Chaukhaba Visvabharati, Oriental Publishers And Distributors 2000;
11. Acharya Vagbhatta, Ashtang Hridaya, commented by Arundatta and Hemadri, Chaukhamba Sanskrit series office, Varanasi, first edition, 1980, uttarasthana. 25/2-4
12. Shastri S. (Ed.) Madhav Nidanam of Sri Madhavakara with The Madhukosh Sanskrit Commentary, Sri Vijayarakshita & Srikanthadatta with the "Vidyotini Hindi Commentary & Notes, Part II, Uttarardha, Sharira Vrana Nidanam: Chapter 42 verse 7. Varanasi: Chowkhambha Sanskrit Sansthan Publishers 2005; 102
13. Sharangdhara Samhita with Dipika Hindi commentary edited by Brahmanand tripathy; reprint 2008, Chaukhamba Subharti prakashan, Varanasi ch 17/71- 74.
14. Sharma RK, Dash B. (Ed.), (1st Edition), Charak Samhita of Agnivesha. Vol. IV, Chiktsasthana; Adhyaya, Chapter 25, verse 24-25. Varanasi: Choukamba Sanskrit Series Office 2016; 441.
15. Sharma PV. (Ed.), (1st Edition), Susruta Samhita with English translation of text and Dalhana commentary, Vol. I, Sutrasthan, Vranasrav vigyaniya Adhyaya: Chapter 22, verse 7. Varanasi: Chaukhaba Visvabharati, Oriental Publishers and Distributors 2000; 241. 16.
16. Sharma PV. (Ed.), Bhela-Samhita. Krishnamurthy KH. Chapter 27 verse 15. Varanasi: Chaukhambha Vishvabharati 2008; 468.

Cite this article as:
Rashmi Tokas Rana, Gouri Chauhan, Raja Ram Mahto. Conservative Management of Dushta Vrana (Chronic Ulcer) Through Ayurveda: A Case Study. International Journal of Ayurveda and Pharma Research. 2022;10(5):64-68.
https://doi.org/10.47070/ijapr.v10i5.2282
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. Rashmi Tokas Rana
PG Scholar,
Department of Kayachikitsa,
AIIA, New Delhi.
Email: rashmi.tokas88@gmail.com